

NOTICE OF INDEPENDENT REVIEW DECISION

September 6, 2002

Re: IRO Case # M2-02-0922

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The ___ reviewer who reviewed this case has determined that, based on the medical records provided, the requested treatment is not medically necessary. Therefore, ___ agrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

History

This case involves a male who injured his back on ___. The first record included for this review was dated 7/16/96. At that time the patient had had epidural steroid injections without help, and had had an L4-5 and L5-S1 discectomy with posterior lateral fusion L4 through S1. As of 6/5/02 the patient had continued back pain extending into his left lower extremity, with numbness and burning and tingling present. A lumbar CT myelogram on 5/17/00 showed solid fusion at the L4-5 and L5-S1 levels with some epidural tissue present at L5-S1 anterior to the S1 nerve root. Electromyography 9/20/01 suggested left L5 radiculopathy both acute and chronic. Discographic evaluation of the lumbar spine was recommended.

Requested Service(s)

Discogram with CT

Decision

I agree with the carrier's decision to deny the requested procedure.

Rationale

With the patient having two levels of fusion which are solid in the only areas on which the CT myelogram and EMG suggest difficulties, discography would not be helpful in determining the next logical step in trying to relieve the patient's pain—even if it caused pain in other areas of the lumbar spine. The CT myelographic and EMG findings are in the areas of fusion, and it would appear to be more logical to re explore those areas, especially in view of the possible pathology seen under the S1 nerve root on CT myelography. In addition, there is EMG evidence of L5 difficulty, and it is not possible to explain this by discography in the L2-3 and L3-4 areas.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,